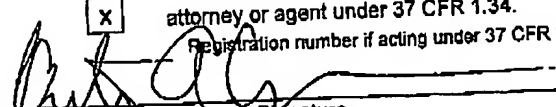RECEIVED
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PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 20140-00310-US1	
Application Number	10/722,558-Conf. #4980	Filed	November 28, 2003

For   PROCESS FOR FORMING AN ELECTRICALLY CONDUCTIVE INTERCONNECT

Art Unit	2812	Examiner	R. A. Booth

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
[x]	One month (37 CFR 1.17(a)(1))	$120	$60	$ 120.00
[ ]	Two months (37 CFR 1.17(a)(2))	$450	$225	$
[ ]	Three months (37 CFR 1.17(a)(3))	$1020	$510	$
[ ]	Four months (37 CFR 1.17(a)(4))	$1590	$795	$
[ ]	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$

[ ] Applicant claims small entity status.. See 37 CFR 1.27.

[ ] A check in the amount of the fee is enclosed.

[ ] Payment by credit card. Form PTO-2038 is attached.

[x] The Director has already been authorized to charge fees in this application to a Deposit Account.

[x] The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____22-0185_____ . I have enclosed a duplicate copy of this sheet.

I am the   [ ] applicant/inventor.

[ ] assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

[ ] attorney or agent of record. Registration Number _____

[x] attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34   24,852

_____
Signature

Burton A. Amernick
Typed or printed name

February 21, 2006
Date

(202) 331-7111
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

[ ] Total of ___1___ forms are submitted.

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